



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number

10/572,696

Filing Date

October 5, 2006

First Named Inventor

Edith Gardiner

Group Art Unit

1646

Examiner Name

Ruixiang Li

Total Number of Pages in This Submission

6

Attorney Docket Number

42-000400US

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
☐ Fee Attached
- ☒ Amendment / Response
☒ Response to Restriction Requirement
☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☒ Receipt Acknowledgement Postcard
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/ Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ PTO-1449 Form
- ☐ Cited References
- ☐ Copy of PCT Search Report
- ☐ Copy of EP Search Report
- ☐ CD, Number of CD(s) _____
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ Interview Summary
- ☐ Request for Continued Examination (RCE)
- ☐ Request for Corrected Filing receipt
- ☐ Copy of Filing Receipt - marked up
- ☐ Status Letter
- ☐ Additional Enclosure(s) (please identify below):

Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm
or
Individual name

Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.

Signature

Date

January 20, 2009

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name

Deborah Barragan

Signature

Date

January 20, 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009 JAN 26 2009 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application Number	10/572,696
		Filing Date	October 5, 2006
		First Named Inventor	Edith Gardiner
		Examiner Name	Ruixiang Li
		Art Unit	1646
		Attorney Docket No.	42-000400US
METHOD OF PAYMENT (Check all that apply)			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☒ Other (please identify): Deposit Account
☒ Deposit Account
 Deposit Account Number: 50-0893
 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195
Total Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
Extra Claims		
Fee (\$)		
Fee Paid (\$)		
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3.		


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge):	
Other: <u>Petition for Extension of Time for 3 months.</u>	555.00
Other:	
Other:	
Other:	
Other:	

SUBMITTED BY		Registration No.	Telephone
Signature		41,261	
Name (Print/Type)	Jonathan Alan Quine	Date	January 20, 2009